FILE WITH INCOME TAX DEPARTMENT

2014 FOSTORIA CITY INCOME TAX RETURN

For Use By All Taxpayers on a Calendar Year Basis or Other

CHECKED BY
PROCESSED BY
AUDITED BY
REFUND APPROVED
REFUND CHECK NO

213 SOUTH MAIN ST. FOSTORIA, OH 44830-2322 PHONE - (419) 435-6449	Taxable Period Beginninga		PROCESSED BY				
MAKE CHECKS AND MONEY ORDERS PAYABLE TO: FOSTORIA INCOME TAX DEPT.	Individual Taxpayers File on or Before A payers must file on or before their respect		REFUND APPRO	REFUND CHECK NO.			
		YOUR LO	CAL TELEPHONE NO.				
		DID YOU	FILE A RETURN FOR 2	.013 YES	NO .		
		YOUR INC	RNAL REVENUE SERV COME TAX LIABILITY FO IN AUDIT YES	OR ANY PRIOF	R YEAR		
			CHANGE OF ADDRESS S		14 ———		
			ED INTO FOSTORIA				
			ED OUT OF FOSTORIA .				
CIAL SECURITY NUMBER							
CHECK YOUR STATUS AS A TAXPAYER: EM	// IPLOYEE □ RETIRED □ OWNER □ PARTNER □ F	PARTNERSHIP RESIDENT	NON-RESIDENT □	OTHER	CORPORAT	ION 🗆	
☐ I AM UNDER 18 YEARS OF AGE-BIRT. ☐ I HAD NO TAXABLE INCOME IN 2014. NOTE: IF YOU ARE EXEMPT - STOP HERE, S	H DATE VERIFICATION IS NEEDED. □ ACTIVE MILITARY □ SOCIAL SECURITY SIGN, DATE AND MAIL YOUR RETURN.	POUSE	☐ DISABLE				
	s, incentive payments, commissions BEFORE ANY PAYROLL Di ederal Tax Sheltered Annuities or Deferred Compensation. A		nuary 1st and December	r 31, 2014 from	each emplo	yer or source.	
NAME OF EMPLOYER	WHERE EMPLOYED (City and State)	FOSTORIA INCOME TAX WITHHELD	CITY TAX PAID IN OTHER CITIES	PAID IN BEFORE		E	
our Earnings		\$ \$		\$			
Spouse's Earnings				1			
				+			
TE: Page 2 must be completed if you have taxable . WAGES, SALARIES, TIPS AND OTHER EMPLO	rental property or business income. YEE COMPENSATION (ATTACH all W-2's)				(1) \$		
. OTHER TAXABLE INCOME (FROM PAGE 2 IF U	SED OR FROM FEDERAL SCHEDULES ATTACHED)				(2) \$		
. TOTAL INCOME LINE 1, PLUS LINE 2			<u>-</u>		(3) \$		
	SCHEDULE X)						
					(4c) \$		
	MINUS LINE 4c) IF SCHEDULE X IS USED				_ (5a) \$		
(b) AMOUNT ALLOCABLE TO FOSTORIA IF SCHEDULE Y, PAGE 2 IS USED							
. CREDITS	IE 6						
	s ATTACHED)						
(b) 2014 ESTIMATED TAX PAID							
					_		
	ACCOMPANY THIS RETURN, PAYABLE TO FOSTORIA INCOME TA				(9) \$		
To pay by credit/debit card complete the	Cord #				T. (ER	1//64	
To pay by credit/debit dara complete the	S tollowing.				DIICOVER	□ VISA	
Amount Authorized \$	Signature	Expiration Date _				Masler Card	
A. LATE FILING PENALTY IF FILED AFTER APRIL 15 ADD \$25.00 \$ INTEREST \$ (9a) B. TOTAL AMOUNT DUECHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO FOSTORIA INCOME TAX DEPT (9b)							
U. OVERPAYMENT TO BE REFUNDED \$	OR CREDITED \$TO NEXT YEAR	LOUMAIE			(10) \$		
	turn (and accompanying schedules) is a true, correct and comple an audit of Federal return is made which affects tax liability show				he same as	used	
	administrator to contact the return preparer with questions conc				xpayer's refu	und or payments.	
	X						
Signature of person prepa	ring this return other than Taxpayer Sig	nature of Taxpayer or Agent				(Date)	

Address of Firm or Employer

X Signature of Spouse if Joint Return

(Date)